UNIVERSITY OF ALBERTA

EMOTIONAL AND BEHAVIORAL ISSUES IN PRIMARY SCHOOL CHILDREN

BY

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ABSTRACT

Although research has indicated that early detection and intervention of students who may be at risk for developing emotional and/or behavioral disorders (EBD) will provide for more positive student outcomes, few studies have focused on the generalist teacher's knowledge of EBD. Being able to detect that a student needs an intervention is integral to providing effective interventions to EBD students. Through focus group discussions and four selected interviews, this exploratory inquiry asked teachers to discuss behavioral and emotional issues that arise in the primary classroom, asked teachers to describe their own knowledge of emotional/behavioral disorders, what training they have received, challenges they anticipate and what supports generalist teachers require to effectively support students at risk of developing EBD. Three focus groups were formed consisting of 6-8 teachers. Teachers from both urban and rural schools were involved as well as a group of beginning teachers. Four teachers, considered by their colleagues to be master teachers for students who exhibit emotional and behavioral issues, were selectively interviewed. Results from both the focus groups and selected interviews indicate that, currently, teacher knowledge of emotional/behavioral issues, the skills and training they have to effectively manage and teach students who have EBD and support for teachers to help them effectively identify students who are at risk for developing an emotional and/or behavioral disorder, and to help them plan effective primary and proactive early interventions, may be sporadic and random at best. While believing that it is their responsibility to provide effective interventions for students with EBD, generalist teachers recognize that there are deficits in their knowledge, training and

skills that prevent them from being effective teachers for children with emotional and behavioral issues.

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To John, Greg, Abby and Matt

For teaching me that teachers need do better

You don't get harmony when everybody sings the same note
D. Floyd

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Chapter One

Identification of the Problem

The needs of students who have been identified as having severe emotional and behavioral disorders (EBD) are being served with more reactive tertiary prevention methods rather than by proactive primary prevention methods (Poulou, 2003, Sugai, 2003). Primary detection and early intervention of EBD children is a rarity in school systems because most children are referred and treated during their late elementary or early secondary years rather than in early childhood (Forness, Kavale, MacMillian, Asarnow, & Duncan, 1996). Yet primary detection must be a priority. Studies done by Kazdin, Loeber, and Walker and others have shown that for "children who exhibit a pattern of aggression called conduct disorder who are not identified before they are about 8 years of age, their disorder is much like any other developmental disability-very unlikely to be reversed or eliminated" (Kauffman, 1999, p. 456).

The key to changing outcomes for students with EBD may lay in primary detection and early intervention because, at present, they are the one group with which educators have had little success. The success rate of students with EBD completing school is dismal. A 1999 American report stated that the rate of projected graduates was 40% (Kortering, Braziel, & Tompkins, 2002). Failure to complete school is a concern as completing school is becoming necessary for an increasing

proportion of jobs in the primary labour market, and without school completion there is an increased likelihood of reduced earnings, unplanned parenthood, delinquency and/or imprisonment (Kortering et al., 2002,; O'Shaughnessy, Lane, Gresham, & Beebe-Frankenberger, 2003; Poulou, 2003). Youth who do not complete school will rarely take training courses that would make up for educational deficits and, finally, once out of school, services such as mental health, juvenile justice or family services might no longer be easily available to help sort out the complex problems that afflict students with EBD (Kortering et al., 2002).

To be most effective, earlier rather than later interventions are needed because the longer a child is placed at risk the more likely maladaptive pathways will develop (Forness et al., 1996; Kauffman, 1999). Primary prevention keeps disorders from happening in the first place (Forness et al. 1996; Kauffman, 1999; Sugai, 2003). If these treatments are successful and maintained, then secondary and tertiary interventions will not be necessary.

Teacher tolerance, knowledge of EBD behaviors, and experience play a large role in early detection of EBD. Teachers differ in their tolerance of emotional and behavioral differences in children. It can be difficult deciding what the standard for deviant behaviors is. Knowing what to look for, distinguishing different social interactions from deviance, as well as knowing what effective interventions need to be employed, are critical factors in helping students with EBD. With the trend toward full inclusion of all students with disabilities, there is a deficit in the regular classroom teacher's training for students with special needs, and any training that does occur is poorly supported (Kauffman, 1999; Sugai, 2003). Considering that

special educators, in the area of EBD, work with 1%-3% of the student population, it falls upon the generalist teacher to take responsibility for the remaining 97%-99% of the student population who may be encountering emotional and behavioral difficulties (Nelson, 2000). Occupational stresses on teachers working with EBD students have led to work overload, lack of support, poor career opportunities, and isolation which, in turn, have led to teacher burnout, absenteeism and attrition among those teachers who work with EBD students (Pullis, 1992). Understanding what is happening, what needs must be addressed and when implementation should occur, as well as having the support of colleagues, parents, and other professionals who are involved with the student, will result in more positive outcomes for all.

Purpose of the Study

The purpose of this study was to provide insight and data on primary classroom teachers' knowledge of issues and outcomes that involve students with emotional and behavioral disorders. The specific study aims were:

1. Examine teacher knowledge of EBD that will determine their ability to detect symptoms of EBD in primary students.
2. Examine teacher knowledge of early screening and identification of EBD in primary students will create more opportunities for more systematic early interventions for EBD students to occur than for students who are not screened and identified in primary students.
3. Examine the hypothesis that teachers who have knowledge of EBD will be more able to recognize the need for early interventions than those teachers who have no knowledge of EBD.

4. Examine the hypothesis that positive outcomes are more likely to occur for EBD students whose teachers are knowledgeable about EBD than those EBD students whose teachers have no or limited knowledge about EBD.

Definition of the Constructs

Mild Emotional/Behavioral Disorder.

A student with a mild to moderate emotional/behavioral disorder exhibits chronic and pervasive behaviors that are so maladaptive that they interfere with the learning and safety of the student and other students.

Typically, behavior disorders are characterized by a number of observable maladaptive behaviors:

a) an inability to establish or maintain satisfactory relationships with peers or adults

b) a general mood of unhappiness or depression

c) inappropriate behavior or feelings under ordinary conditions

d) continued difficulty in coping with the learning situation in spite of remedial intervention

e) physical symptoms or fears associated with personal or school problems

f) difficulties in accepting the realities of personal responsibility and accountability

g) physical violence toward other persons and /or physical destructiveness toward the environment. (Special Programs Branch, Alberta Learning, 2004, p. 3).

Severe Emotional/Behavioral Disorder.

A student who: displays chronic, extreme and pervasive behaviors which require close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviors (which may be dangerously aggressive, destructive, violent and/or compulsive) significantly interfere with both the learning and safety of the student and others. Some students may have a diagnosis including conduct disorder, schizophrenia or bi-polar disorder, obsessive/compulsive disorders, or severe chronic clinical depression; and may display self-stimulation or self injurious behavior (Special Programs Branch, Alberta Learning, 2004, p.5).

Conduct Disorder.

A student diagnosed with Conduct Disorder (CD) must exhibit behaviors that are so repetitive and persistent that the basic rights of others or major age-appropriate societal norms or rules are violated. Behaviors such as aggressive conduct, vandalism, lying and/or stealing and serious violations of rules all fall within the category of conduct disorder (CD). Disturbances in behavior cause clinically significant impairment in social, academic, or occupational functioning and are usually present in a variety of settings such as home, school, or the community (DSM-IV, 2000, p. 93-94).

Oppositional Defiant Disorder.

Students who, for at least a period of six months or more, are perpetually negative, defiant, disobedient and hostile toward authority figures may be diagnosed with Oppositional Defiant Disorder (ODD). Behaviors such as losing one's temper, arguing with adults, actively defying or refusing to comply with the requests or rules of adults, deliberately doing things that will annoy others, blaming others for one's own mistakes or misbehavior, being grouchy or easily annoyed by others, being angry and resentful, or being spiteful or vindictive are examples of ODD behaviors. The behaviors must occur more frequently than is typically observed in individuals of comparable age and developmental level and must lead to significant impairment in social, academic or occupational functioning (DSM-IV, 2000, p. 102).

At-Risk.

Failure to respond positively to the instruction offered in basic academic skills, the manifestation of unacceptable social behavior in school, the inability to keep up with their classmates in academic subjects and a limited repertoire of experiences that provide background for formal education (Pierce 1994, p. 38).

Early Intervention.

Strategies that focus on specific problem behaviors and teach alternative and desired behavior and social skills.

Effective Practices.

Practices that have been proven to result in positive, durable student outcomes that have been replicated in research studies in diverse locations and across a range of student populations (Nelson, 2000).

Systematic Screening for Behavioral Disorders (SSBD).

A valid and reliable screening and classification assessment measure that detects students displaying symptoms of EBD that can be used in primary classrooms (Forness et al., 1996; Lewis et al., 1994). This instrument helps teachers to identify students who exhibit externalizing or internalizing behaviors.

Teacher Knowledge of Emotional/Behavioral Disorders.

The ability to articulate and identify certain student behaviors, which occur in the classroom, that interfere with the academic and social learning.

Summary

Chapter 1 discussed the need for generalist primary teachers to become more knowledgeable about emotional and behavioral disorders that may affect students in their classrooms. Teachers' knowledge of EBD will determine their ability to detect symptoms of EBD and will therefore help to expedite early interventions for primary children which will help to offset further development of socially maladaptive behaviors. Currently, there seems to be a lack of generalist teachers' knowledge of EBD issues with primary students that may be preventing them from being effective. Teachers want to teach all students well and address all students' needs but do require systematic supports that will allow for effective teaching and practices.

Chapter Two

Review of the Literature

Chapter 2 will present a review of relevant literature concerning the advantages and necessity for early identification and primary intervention for students who may at- risk for developing EBD. It will also discuss certain barriers to educators and schools that may be preventing them from happening.

Identification of EBD

There seems to be a hesitation by educators in using primary detection methods for EBD, perhaps fearing that primary detection may label and stigmatize students. In reality, students who are angry or disruptive are being informally labeled and stigmatized by their peers and educators regardless. In order for the whole class to function, EBD students demand different treatment. If their behavior becomes too maladaptive, they risk exclusion from the class and their peers. Young children spend more time in direct contact with their teachers than virtually anyone else in their lives so it is imperative that they are not rejected by those whose service they need. In a study that investigated classroom dynamics with kindergarten and first grade children at risk of developing EBD, it was found that these students were generally rejected by their teachers, who would make limited accommodations to changing their teaching styles, and thus spent less time engaged in academic activity (Lago-Delello, 1998). Of significance was that, although these students were rejected

by their teachers, at their young age they did not perceive these rejections (Lago-Delello, 1998). This speaks to the importance that early treatment might have in altering these outcomes. It may be that, through proper identification of an issue or problem, children may access effective treatment and understanding of the disability, because, "when we decline to use labels responsibly, the individuals whose problems they designate become rogues or unmentionables; those with unspeakable characteristics" (Kauffman, 1999, p.452).

Early intervention

At an early age, universal interventions, such as parent training, a strong partnership between home and school, teacher interventions to promote clear and consistent classroom strategies and/or targeted social skill training, could be used to minimize the singling out of students for their misbehavior, while at the same time laying the foundation for further interventions should they be needed (Forness et al., 1996; Lane, Wehby, Menzies, Doukas, Munton, & Gregg, 2003).

Knowledge of early development

In early education, there usually is a lot of optimism that children will develop and mature into responsible and caring students. It is hoped that positive school experiences can offset any deficits that a child may have coming into school. Because schools may be initiation centers for formal socialization, there often may be a "let's wait and see attitude" on the part of the child's first teachers, as they wait for the child to develop and learn socially acceptable behaviors. This leads to teachers being enablers of maladaptive development.

Externalizing and internalizing differences may be viewed as styles of social interactions that should be celebrated or worked on, but not labeled as deviance (Forness et al., 1996; Kauffman, 1999). There may be an acceptance and/or ignorance of socially maladjusted behaviors, thinking that they are not too serious. Because of the rapid changes in development from infancy to middle childhood, there may be disagreement about what normal or maladaptive behaviors are. Teachers and parents may tolerate a child's behavior until there is actual physical damage to another or to property but by this time these behaviors may have been going on for a very long time.

There is also a belief in the "exception to the rule" theory as specific cases of youth who exhibited EBD but are now successful adults are highlighted (Kauffman, 1999). An example of this would include one professional skateboarder who has chronicled his horrific school experiences, yet has become a hero to many youth and adults who may adopt this theory. Equally dangerous is the "acceptance of the familiar as normal, as the pervasiveness of a phenomenon is used as rationale for disinterest in early detection or prevention" (Kauffman, 1999, p.453). With the acceptance of the "terrible twos," there seems to be an inherent expectation and acceptance of poor behavior from young children. However, with notions of "boys will be boys" and that "all schools have their bullies," regressive thinking and further stalemates of earlier service will continue to perpetuate.

Anti-social behavior, which is a form of social maladjustment, is one of the most disabling emotional and behavioral disorders of children and adolescents

(Forness, 1996; Kauffman, 1999; Lewis, Chard, & Scott, 1994; Sugai, 2003) and therefore needs to be treated as early as possible.

Classroom environment

There may also be a perception that is it not the child that has problems, but rather the child's learning environment that is at fault. Teachers may be told that their class environment has not enough stimulation, or their lessons are not exciting or challenging enough or that classroom management is the issue. While the impacts of learning environments and effective teaching should not be underemphasized, a lot of valuable treatment time is missed if that is not, in fact, the problem. When children do not respond to conventional classroom management interventions, a red flag should be raised. There needs to be an understanding of what behavior is acceptable and normal, as well as recognition for the professionalism of classroom teachers.

Professional Development

Teachers are sometimes given two-hour workshops to help them "deal with" but not treat problem students. Attendance at these workshops may be optional as well, so there is a discrepancy in which teachers receive training because usually only those interested or who are experiencing problems will attend. School systems may not have additional monies for further professional development or may have decided on other priorities. Sugai refers to this as the "train and hope" approach to teacher training and, as students with EBD may never be "fixed" especially with one shot approaches, there is a low probability that these training sessions will result in systemic and durable changes in practices and outcomes. There needs to be qualified

personnel to teach students with EBD and also to teach others how to detect and treat EBD students effectively.

Overidentification

There may also be a concern that early detection will lead to too many students classified with EBD or maladaptive behaviors. There would then be a demand for more services from health and education boards that are already facing tight fiscal restraints. Data to date indicate that approximately three fourths of students with EBD have been under-identified but also misidentified, as learning disabilities or related disorders (Forness, 2003). An American annual education report states that, in 1993, only 0.86% of school age children between the ages of 6-17 were identified with EBD (Lewis et al., 1994), whereas approximately 2-6% of the student population should have qualified for services under the EBD category (Lewis et al., 1994). Many of these students only became identified once their problems were chronic and severe (Kauffman, 1999). If these figures are accurate, then it must be assumed that there should be more students receiving more services sooner. School systems should recognize that, although prevention costs more money up front, it is a cost savings measure in the long term. The funding for students with EBD is a separate issue and should not be used as an excuse to prevent early detection.

Accountability

There is, also, an ethical and legal responsibility on the part of educators to provide services as identified by The Individuals with Disabilities Education Act (I.D.E.A.) in the United States (Lewis et al., 1994) and, of late, from Canada in Alberta's Commission on Learning report (Alberta Learning, 2003). America's

federal initiative of *No Child Left Behind* and Alberta's *Every Child Learns; Every Child Succeeds* should give credence to the worthiness of new initiatives for all students, including those with EBD.

Co-morbidity

A preference for false negatives of EBD rather than false positives (having fewer students identified rather than more) seems to be prevalent, as educators want to be absolutely certain that they are dealing with true cases of EBD (Kauffman, 1999). As well, there is a problem of co-morbidity of disorders. While most parents report that they knew with their preschooler that there was something maladaptive about their child, it was usually not noticed by a professional until the child was about five years of age and, even then, the child was not given special educational services until about seven with the disability being determined as more language or learning related (Forness et al., 1996). EBD was not seen to be a problem until about the age of ten. Often these students were subsequently diagnosed with ADHD, with the students who have depressive symptoms or dysthymia being the last to be identified with EBD (Forness, 1996). So, in effect, these students had gone without appropriate services for at least five years. Co-morbidity seems to be the rule rather than the exception and "educators must reach beyond the most readily accessible tools to more sophisticated multifaceted interventions" (Oswald, 2003, p. 204).

Barriers to Prevention

Primary prevention methods can offset the concern for too many false positives because they are no-risk or very close to no-risk strategies that should be induced whenever any coercion, bullying, disruption, social isolation or threatening

behavior occurs. For example, Walker's early intervention program, *First Steps to Success* (O'Shaughnessy et al., 2003) is a program that helps kindergarten students (and their families) if antisocial behavior patterns are being observed. There are strategies within the program that can be followed by all the school staff and students, which may then help to lower frustration levels. A repertoire of skills for effectively intervening when maladaptive behaviors occur can be built upon and implemented. Schools rarely systematically try to prevent socialization failure, which could be practiced with extremely low risk of harm to anyone (Kauffman, 1999).

As a society, there seems to be a cultural preference to use more reactionary than preventative means of intervention (Nelson, 2003). Crises tend to be responded to immediately. Resources are only allocated when there is a public outcry for change after a student has become violent. Then the interventions may be harsh punishment and exclusion and, while the "zero tolerance concept" is enforced, these punishments are mistakenly believed to serve as a deterrent for other offenders (Nelson, 2003). It is sadly ironic that, in educational settings, student behaviors are allowed to escalate so they may be documented in order to access services and funding. Instead of paying approximately $7,000 per student, taxpayers are paying $35-60,000 per youth that is incarcerated (Nelson, 2003). Education is the best crime prevention program available and schools, by adopting multi-levels of positive behavioral supports, are in the best position to deliver service with early detection (Sasso, 2003). In early detection, treatments that involve both positive and negative reinforcement will be more effective if they are connected as quickly as possible to the acts that have produced the anti-social behaviors. Tertiary

preventions, while an immediate response to crises, are often the least effective (Forness et al., 1996; Kauffman, 2003; Lewis et al.1994; Sugai, 2003).

Another deterrent to early detection and treatment may be a reluctance to place restrictions on a student's environment. When behaviors have escalated to the point that children and property are being damaged, there seems to be no problem in accepting students being placed in time-out rooms or given suspensions. By intervening sooner, while recognizing that the child's environment may be more restrictive than his peers, there may be less of a need for greater restriction at a later date. Limited choices now may lead to further options later because doors close pretty quickly for students with low achievement and socially maladaptive behaviors. What students want may not be what they need, and professionals need to be able to recognize the differences. Early and proactive means of effective interventions should be used to try to circumvent any maladaptive behaviors.

Early detection is further thwarted by a concern for over-identification or over- representation from certain groups of students. There may be a fear of racial or ethnic discrimination in early detection. At present, there does seem to be a disproportion in how many boys, children who come from poverty, and African-Americans are diagnosed with EBD compared to other groups (Kauffman, 1999). Why this is so should be questioned, but not used to deny further identification for services. Assessment of EBD needs to be culturally sensitive, valid and reliable.

Collaboration

Finally, there is poor collaboration among schools and outside agencies for early detection and treatment of EBD (Forness, 2003). Within schools there may also

be an initial reluctance to take ownership for EBD students until their behavior is seen to impact on academic performance (Forness et al.,1996; Kauffman, 1999). Emotional and behavioral disorders may be thought of more as social services or mental health issues rather than educational issues. Some teachers insist that their role is to teach, not to train. The most effective teachers appear to be the least tolerant of behavioral non-compliance (Lewis et al., 1994). But it is in the student's best interest if the school collaborates with other agencies to effect treatment, as it is with a collaborative approach that the most effective interventions will occur (Forness et al., 1996; Hunt, Soto, Maier, & Doering, 2003).

In a study conducted with six elementary students who were considered at risk socially and academically, collaborative teams were developed to improve these outcomes. The effectiveness of sharing the expertise and experience of the teams to support the students resulted in positive outcomes (Hunt et al., 2003).

Early detection and screening assessments for EBD

Primary detection of students displaying symptoms of EBD, through the use of valid and reliable screening and classification assessments, is readily available. The *Systematic Screening for Behavioral Disorders (SSBD)* or the *Early Screening Project (ESP),* are two valid and reliable instruments that can be used in pre-school, day care and primary classrooms (Forness et al., 1996; Lewis et al., 1994). These instruments help teachers to identify students who exhibit externalizing or internalizing behaviors. Teachers then rate the top ranking children on a rating scale of adaptive and maladaptive behaviors and on a critical event index. Finally, any children who meet a clinical cutoff are directly observed and further assessed

(Forness et al., 1996). The advantage of both the SSBD and the ESP is that they are meant for wide-scale, school-based screening. They do not take up a lot of class time and can be done by classroom teachers.

Another advantage in early screenings like the SSBD and ESP is that they take out the "guess" factor of which student really has a problem. They can separate the small problems from the more serious; as these screens adapt and make allowances for the developmental benchmarks that occur in a child's age and development, environment and life events (Kauffman, 1999). These screening devices reveal adaptive behaviors as well as maladaptive behaviors. Often it is by using a student's strengths in designing effective treatments that adversity can be overcome.

Schools provide the most ideal settings for regular screenings to occur (Kauffman, 1999), so it makes sense for them to assume some responsibility in identifying students with EBD. The use of these screening procedures may also help with the problem of under-referrals of disruptive or aggressive behaviors as well as indicating which students may have depressive characteristics or be socially isolated. Proportionate ratings may begin to take place as well as setting standards for norms of deviant and maladaptive behavior. Once identification is in place, effective treatment can begin. Teachers and school systems need to be made aware that such instruments exist and can be made available, if they are to be implemented effectively.

Even if known, these screening procedures are not yet systemically used across most school systems (Forness et.al., 1996). This lack of systematic early detection and prevention is a major problem in most school and mental health systems (Forness et al., 1996). Students are being subjected to a "hit or miss"

approach to their needs if they must rely solely on teacher-initiated referrals. This needs to change. To effect change, Forness expects that schools and society will have to undergo major reforms to their systems but, with many schools across the province adopting the A.T.A.'s Safe and Caring School initiatives as well as using the Effective Behavioral Support Program, changes are beginning to happen and responsibility for students with EBD is being more widely accepted by school divisions.

It should be noted that, even with systematic primary detection and early interventions, there would still be a need for secondary and tertiary treatments, as there will still be students who will be diagnosed with EBD later in life and will require these services (Lewis et al., 1994; Sugai, 2003). However, for those students who exhibit maladaptive behaviors early in life, their treatments would be significantly more timely and effective.

To effectively front-load a system is to provide early detection and prevention, as opposed to back loading, which involves more costly, and less effective secondary and tertiary interventions. Because it may be five years before a school system first comes in contact with the student, collaboration among agencies needs to happen. Health and social services may be the child's first contact so there must be a system developed that would allow for a continual collaboration leading to maintenance of services. There must be an agreement of diagnosis and a commitment for a treatment program. A team approach to helping students with EBD will result in shared knowledge and expertise. With the team approach, the treatments and program will have more likelihood for continuity and the group can determine what measures will

be used for marking growth and progress. Teachers can support and learn from each other. This may mean that initially more children will require service, but those services will usually be less costly and less intrusive to the child's learning environment (Forness et al., 1996).

By starting earlier, there is less chance that mislabeling and destructive stigmatization will occur. Schools may not be the primary provider of service but they can serve as the primary location for treatments to occur. Focusing on what a student needs rather than accepting inappropriate behavior will better serve the interests of both the student and society.

Hoping that students will outgrow their disorders seems naive and irresponsible. Equally devastating to a child may be having a teacher accept and tolerate behaviors in the name of diversity, which may lead to low academic achievement and social alienation. Socially maladaptive behaviors that may develop into chronic adult disorders, which may lead to unemployment or underemployment, marital discord, substance abuse and/or violence, should be treated as soon as they are detected. Just as a child who fails to talk, walk or read should receive immediate remedial action, so should a student who exhibits socially maladaptive behaviors. Early detection will help to identify the most effective treatments for young EBD students. Universal interventions are the least restrictive, most economical and low-risk strategies to use with students. School systems need to insist on hiring qualified personnel who will mandate systematic screening for students with EBD and begin to form collaborative planning teams. Early screenings could help teachers to identify children who require such interventions, thus increasing their knowledge and

experiences of primary students who have emotional and behavioral difficulties. With early screening devices, early detection is possible, reliable and valid. It must begin in the primary classroom.

Results of the Literature Review

Based on the review of the literature, the researcher has developed a model outlining key variables that may impact on positive outcomes for EBD students. Figure 1 indicates that classroom teachers who are knowledgeable and skilled in working with students with EBD will be more able to identify students who will require primary screening and early interventions (Arrow A) (Forness et al., 1996;Kauffman, 1999). Primary teachers need to understand that they play a vital role in helping to identify students who exhibit maladaptive behaviors and may be developing an emotional and/or behavioral disorder (Arrow B) (Bullock, Gable, & Rutherford,1998). Teachers who are able to recognize and identify emotional and behavioral difficulties will be more likely to help initiate early interventions and effective teaching practices that will help children with EBD rather than prolonging and masking the maladaptive behaviors (Arrow C) (Bullock et al., 1998). Figure 1 also illustrates the importance of teacher knowledge of EBD and selecting the appropriate supports and interventions needed with EBD students. (Arrow C) (Bullock et al. 1998). Another issue impacting on a teacher's ability to work with EBD students is the individual student's family support system (Arrow D). Families and schools working together will result in more positive outcomes for EBD students (Nelson, 2000).

From the model, this study sought to explore the following research questions:

1. Teacher knowledge of EBD determines their ability to detect symptoms of EBD in primary students (Arrow A).
2. Early screening and identification of EBD in primary students will create more opportunities for more systematic early interventions for EBD students to occur (Arrow B) than for students who are not screened and identified as primary students.
3. Teachers who have knowledge of EBD will be more able to recognize the need for early interventions in their primary students (Arrow C) than those teachers who have no knowledge of EBD.
4. Positive outcomes are more likely to occur for EBD students whose teachers are knowledgeable about EBD than those EBD students whose teachers have no or limited knowledge about EBD.

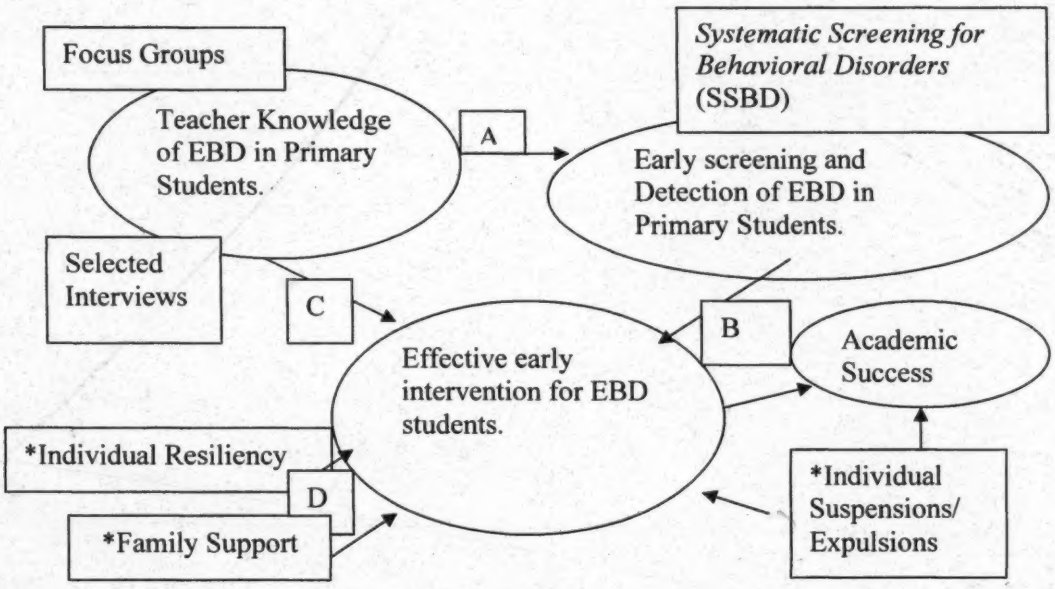

Figure 1: Teacher Knowledge of EBD in primary students as having a relationship in early screening and identification of EBD in primary students. * Individual resiliency, family support and individual suspensions/expulsions act as intervening variables in the effectiveness of early interventions.

Summary

Chapter 2 has established that teacher tolerance, knowledge of EBD behaviors and experience are key variables in predicting positive outcomes for EBD students. While school systems and teachers may present barriers that prevent early identification and intervention from occurring, perhaps the most vital variable to making more positive outcomes for EBD students may be in increasing primary teacher's current knowledge of EBD.

Chapter Three

Method

Chapter 3 presents an overview of the research study design and procedures; selection and descriptions of the focus groups, and selection and description of the interview participants interviews sample selections. Also, strategies used in organizing and analyzing the data will be described.

Research Design

An exploratory inquiry using focus groups and purposefully selected interviews was used to research the questions regarding primary teachers' knowledge of EBD issues within their classrooms. A focus group and individual interview inquiry approach was used to enable data to be quickly gathered and to allow direct the researcher direct interaction with the participants (Stewart & Shamdasani, 1990). Questions for the focus group inquiry (Appendix B) were derived from the literature review. As the researcher entered the study as a proponent for early detection and intervention, the focus group inquiry questions were designed to offset any biases or leading questions towards early detection and intervention that the participants may have noted. Upon analyzing the data from the focus groups inquiry further questions were developed for the individual interviews (Appendix C).

Accessing Teacher Knowledge of EBD Issues in Primary Students

Focus groups and interviews were conducted to access teacher knowledge of issues involving primary school students who have or are at risk of developing emotional and behavioral disorders (EBD) in their classrooms. Forming the focus groups was the initial step in the collection of teacher knowledge. Teachers were asked to discuss their own knowledge and beliefs about children with emotional and behavioral difficulties, what signs or symptoms help them to identify behavioral difficulties/disabilities, what assessment tools are currently being used by them to help determine EBD, what supports they believe are necessary to help them teach EBD children. They were also asked their predictions of future outcomes for EBD students and to comment on their role as teachers in these outcomes. Focus groups articulated what supports they thought were essential, assessment tools that were being used and, overall, the perceptions they had about EBD.

Procedures

In August 2005, after gaining the approval from the school district's superintendent, the administrators of four selected schools were invited to participate in a focus group inquiry. These schools were selected because (1) of location (rural/urban), (2) inclusive settings for special needs students (3) stable administrations (no administrator had been newly assigned to the school for 2005-2006 school year), (4) stability of programming (some schools within the district had recently undergone new grade configurations) and (5) student population (over 100 students). After the researcher gained approval from each administrator to conduct the

study, each administrator met with his/her staff to outline the context of the research design; teachers from each school were invited to participate in a focus inquiry group.

Selection of Focus Group and Interview Participants

Teachers who were willing to participate in the focus groups were chosen if they could meet the following criteria:

1. Be available to meet with the focus group.
2. Demonstrate an interest in students who have emotional and behavioral difficulties.
3. Teach students aged 4- 12 years.
4. Be willing to become part of a focus group on emotional and behavioral disorders.
5. Be on contract by the school division.

Two schools generated enough of an interest to create a focus group inquiry. A third focus group consisting of beginning teachers was formed after gaining interest in the study from central office personnel.

The four teachers selected for the interviews were teachers who:

1. Demonstrated an interest in the focus group inquiry but could not attend or were at a school that did not have enough teachers to create its own focus group.
2. Had more than 5 years teaching experience with primary school children.
3. Were considered by their peers to be master teachers of children who exhibit emotional and behavioral difficulties.

Setting

The convenience sample data from the two school-based focus groups were collected at each individual school while the beginning teacher focus group met at the school division's central office location. Teachers voluntarily met in the staffrooms/boardroom after the school dismissal time for approximately 1.5 to 2 hours. Similarly, the four selected interviewees met with the researcher at a coffee shop for approximately 1.5 to 2 hours.

Data Collection

Upon initiating the focus group inquiry sessions, participants were given a set of three questions (Appendix B) to read, reflect upon and write down their own understandings. These three questions served to help focus the inquiry session's intent and to give each participant a starting point to work from. As each session concluded, these notes were collected and used in the data analyses. Throughout each focus group inquiry notes were taken by the researcher. All focus group inquiry sessions and interview sessions were not video or audio recorded.

After the initial three questions were introduced to the focus groups, a set of oral questions was introduced (Appendix B) and teachers were asked to provide feedback in an interactive setting. From the data collected from the focus groups, an analysis of the data was made to help determine more specific questions (Appendix B) concerning emotional and behavioral issues that were then addressed through selected interviews with four individual teachers. After initially asking if an awareness of early screening assessments, such as of the *Systematic Screening for*

Behavioral Disorders (SSBD), existed a description for these early assessments was provided for all participants.

Participants in focus groups

Data for this study were collected from a convenience sample of certified teachers ($n = 21$) who work in a public urban-rural school division. This school district lies on the edge of large city and encompasses a mid-sized city, a large town with a surrounding municipal county. There are 22 schools and approximately 9,454 students in kindergarten to grade 12 rural and urban public educational programs. Three focus groups were formed consisting of 5-10 teachers in each group. Two focus groups were from two schools and the third focus group consisted of beginning teachers that were new to the school division.

The first school to participate in the focused group discussion was a Kindergarten to Grade Six (K-6) school which had approximately 232 students. This school was located within an urban setting and offers both mainstream and specialized programming including an elementary behavior program. It has a culturally diverse student population and students come from homes that can range from relatively low to high socio-economic standings (SES). Some of the student population is relatively stable while others are fairly transient. Ten teachers from this school participated in the focus group.

The second group of teachers to participate taught in a Kindergarten to Grade Nine (K-9) rural community school which had approximately 491 students. In this school, all special needs students are included in the mainstream programs. There is a relatively middle- high SES in this area as many of the students come from acreages

and farms. Many parents commute to the larger city which is approximately 40 minutes away. The student population traditionally has been relatively stable as most students who register in kindergarten will continue in the school until grade nine. Five teachers participated in the second focus group.

The third and last focus group consisted of beginning teachers who were hired by the school division at the beginning of the 2005-06 school year. This group of teachers came from seven different schools within the school division and had met on a regular basis with central school division personnel acting as facilitator to discuss a wide variety of topics. Seven teachers participated in the third focus group.

Data from the three focus groups have been pooled to provide the following focus groups' sample profiles.

A convenience sample of 21 teachers participated in three focus groups. Ninety-one percent of the groups (19) were females. There was a wide range in age within the focus groups, with two teachers (9.5%) being between 22-25 years, six teachers (28.6%) between 26-30 years, five teachers (23.8%) within the age range of 31-40 years, four teachers (19%) being between the ages of 41-50 years, and four teachers (19%) being between 51-60 years. No one over the age of sixty was in the sample.

Three teachers (14.3%) were teaching kindergarten, six teachers (28.6%) were teaching grades 1-3, seven teachers (33.4%) were teaching grades 4-6, and four teachers (19%) were special needs teachers within their schools. There was also one teacher who taught at a high school.

The number of years of teaching experience varied within the focus groups. Five of the group participants (23.8%) had less than two years of experience in teaching, four teachers (19%) had taught between three and five years, one teacher (4.8%) had taught between 6 - 10 years, five (23.8%) had taught for over ten years, and six teachers (28.6%) had over twenty years of teaching experience. Overall, over 52.4% of the focus group participants had ten or more years of teaching experience.

Within the focus groups, there was a wide range of teacher placements as well as a wide range in the number of years that teachers had held their particular teaching positions. Eight teachers (38.1%) stated that they were in a new teaching position this year. One teacher (4.8%) had held the teaching position for only one year while three others (14.3%) had been in the same teaching position for the last 3 -5 years. Five teachers (23.8%) had held the same position for the last 6 -10 years, two (9.5%) had been in the same position for the last 16 -20 years and two teachers (9.5%) had been in the same teaching position for over twenty years. Forty two percent of the focus group participants had held the same teaching position for six or more years.

Six teachers (28.6%) stated that they were teaching in a new school, while four (19%) had taught in the same school for one year. Four others (19%) stated that they had been at their schools for 6-10 years, three (14.3%) had been at the same school for 11-15 years, two (9.5%) had been at the same school for 16-20 years and two (9.5%) had been at the same school for more than 20 years. Forty-eight percent of the participants had been at their school for one year or less.

The student population for 57% of the teachers was approximately below 250 students, while 33.1% of the teachers worked in schools with a student population that was between 251-750 students.

Data Analyses

Comments made by individuals were recorded to create a data bank of information. Special attention was taken to ensure that each participant had an opportunity to express his/her opinion which was then recorded. Data from all three groups were then taken and cross-referenced to determine commonality in responses among groups and individuals. A synthesis of the data was made to develop tables of information (Table 1, 2 and 3), that will be further discussed in Chapter 4.

Participants in Selected Interviews

The second aim of this study was to conduct selected teacher interviews to gather specific data from experienced teachers who have worked with students who have emotional and behavioral issues. Four teachers from four separate schools within the school division participated in face-to-face individual interviews. Four teachers were purposefully selected for the interviews. All expressed a high interest in the topic and all four teachers had at least five years or more of teaching experience in working with primary students in their schools.

Data from the four interviews have been pooled to provide the following interview samples profiles.

All four teachers (two females and two males) are considered master teachers of primary school children and would be considered to have a high success rate in working with children who have emotional and behavioral difficulties. Two of the

teachers were in the 31- 40 age range while the other two were in the 41- 50 age range. Two teachers held special needs teacher positions while the others were a kindergarten teacher and a grade one teacher. The number of years teaching experience ranged from 6-10 years (1), 10+ years (2) and 20 + years (1). Three of those interviewed held more than undergraduate degrees in education.

One teacher reported having taught in the same position for ten years while two stated that they had held their position for two years and the final teacher had taught in the same position for one year. The student population for all of the teachers ranged from 110 students to 500 students.

Data Analyses

After each interview completion, the data was compiled by the researcher to form a data bank. As more data became available, common patterns and themes concerning emotional and behavioral issues and concerns of teachers arose. Complete data analyses for all four interviews were synthesized, Table 4 was developed, and will be described further in Chapter 4.

Effects of Participation in EBD Focus Groups

While participating in the focus groups, recognition of the commonality of needs and issues among teachers was anticipated. The need for collaboration and support for teaching students with EBD was expected to emerge. As teachers discussed the issues, the need for current research regarding emotional and behavioral disabilities, systematic primary identification, early interventions and proven practices that could ultimately benefit students with EBD and their families was expected to surface.

Upon participating in the focus groups, teachers may have developed a better

understanding of issues involving emotional and behavioral disorders. This may, in turn, strengthen their resolve to become more knowledgeable about EBD and use more effective interventions and practices with their students.

Ethical Considerations

Approval for this study was obtained by adhering to the ethical guidelines set out by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. Participants agreed to participate freely in the focus groups and interviews (Appendix A). All information has been treated as confidential and at anytime participants were able to withdraw from the focus group. Names were not recorded and schools have not been identified in the study.

Summary

Chapter 3 has established the procedures and methodology used for this study, as well as providing profiles of both the three focus groups and four selected interviews. As this inquiry is exploratory, the intent of the lengthy focus group and interview question list (Appendices) was to allow discussion to be open-ended, and to gather as much information on as many issues and concerns that teachers may have on students with EBD as possible. Not all of the questions were asked by the researcher if earlier responses encompassed up-coming topics or questions.

Chapter Four

Results

Chapter four includes the study results organized as follows: an analysis of the data from the focus groups and an analysis of the data from the interviews.

Data Analysis of the focus groups

Personal Knowledge of EBD

In beginning the focus group inquiry, teachers were asked to describe their own personal knowledge of emotional/ behavioral issues in young children. The respondents addressed five areas: (1) causal factors, (2) labels/conditions, (3) behaviors, (4) environment, and (5) student outcomes. Table 1 presents themes representing the respondents' knowledge of EBD. Genetics, academic achievement levels, level of self-esteem, family dynamics, and learned behaviors were seen to be contributing factors in causing a student to be at risk of developing or having emotional/behavioral issues. Many behaviors were associated with a condition or label such as Autism, Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD) or Pervasive Development Disorder (PDD). Internal behaviors, such as withdrawal from class activities and/or peer relations, as well as comfort-seeking behaviors, were also seen as issues for students. External behaviors such as crying, constant arguing, obsessive behaviors, and behaviors in which the children were not in control, were identified quickly and were perceived by all focus

group members as indicators that a child may have an emotional/behavioral issue. There was a perception within the groups that many behaviors in young children were overlooked in the primary years and not diagnosed. Outcomes for students displaying EBD symptoms were seen to be negative and unpredictable. Some students will require medications, behavioral and academic support.

Table 1

Knowledge of Emotional/Behavioral Disorders-Respondent Themes

Causal Factors
Genetics
Academic Achievement
Self-Esteem
Family
Learned Behaviors
Labeling/Conditions
Attention Deficit-Hyperactivity Disorder (ADHD)
Attention Deficit Disorder (ADD)
Pervasive Development Disorder (PDD)
Fetal Alcohol Spectrum Disorder (FASD)
Autism
Observable Behaviors
External – Crying, swearing, arguing, outbursts, physical, self-mutilation, violence
Internal – Depression, comfort searching behaviors, withdrawals
Environmental Factors
School
Family
Peers
Student Outcomes
Unpredictable
Lower academic achievement
Poor social interactions

Individual responses suggest that, with the exception of those who had a special educational background, most knew some aspects of emotional/behavioral issues but did not have an overall comprehensive knowledge.

Skills to accommodate and support EBD

When asked if they had the skills to accommodate and support students who have emotional/behavioral issues, 41% reported that they did not believe that they had the necessary skills to effectively manage students having emotional/behavioral issues or incidents, 18% believed that they sometimes had the skills to accommodate some of the behaviors, 14% usually had the skills to accommodate most of the behaviors and 14% were confident that they had the necessary skills to effectively intervene with students experiencing emotional/behavioral issues and/or incidents. Not surprising and also of significance, was that none of the beginning teachers believed that they had the necessary skills to effectively accommodate and support students who have emotional and behavioral issues. Of significance was also that teaching experience did not necessarily equate with necessary skills. Teachers who had ten or more years of teaching experience reported that they did not believe that they had the necessary skills to help and support these students.

Barriers to Teachers in Supporting EBD Students

Many factors were reported as preventing teachers from being what they perceive as good teachers to students who have emotional/behavioral issues. Table 2 presents the focus groups' perceptions of barriers to providing support to students. Six areas were addressed: (1) the teacher's own skill, knowledge and personal response to the student, (2) the curriculum/program of studies that each teacher must deliver to all

students within the class, (3) time to carry out the necessary supports, (4) parental support for the student, teacher and the program, (5) the classroom environment and, finally, (6) all of the students who are in a particular class and the impact of their classroom dynamics.

Table 2
Teacher perceived barriers that prevent them from being a good teacher to EBD students

Teacher
Own emotional response to the student
Fear of labeling student
Ability to consistently intervene
Teacher knowledge of EBD
Knowledge of effective teaching strategies and techniques
Curriculum
Need to teach the full curriculum/program of studies
While addressing behavioral issues, curricular focus diminishes
Time
Lack of time to collaborate with those who have EBD knowledge
Lack of time to coordinate and work with parents
Lack of time to collaborate with outside agencies
Lack of time to address incident immediately
Lack of time to document behavior to try to find help
Environment
Not enough support within the classroom (teacher assistants, specialists)
Scheduling problems
Continuity - students are in and out of the classroom
Duties other than teaching
Tone – often negative classroom atmosphere
Class size – too many students
Parents
Lack of support for teacher/program
Lack of follow through/commitment for student
If consent is not obtained, assessments, interventions cannot be implemented.
Parents of other students are concerned with placement of EBD students within the regular classrooms.
Students
EBD students are distracting to themselves; others
Addressing the needs of all the students in the class
EBD students "stress" other students within the class
Concern for the effect EBD students have on other students
Many EBD students have difficulty focusing in class

The teachers' own skill and knowledge of EBD were listed as barriers to helping students, in that many respondents expressed that they were often unsure what the best approach to take was and at what point intervention should occur. Understanding the protocols/processes that are involved to access help for a student often led to untimely delays. The teachers' own ability to be consistent with interventions, as well as understanding their own emotional response to a particular student, were seen to be key barriers to supporting EBD students.

Lack of time was seen to be one of the greatest obstacles in being effective teachers for EBD students. There seemed to be a general consensus that the right skills, strategies and techniques could be found to address EBD issues but often there was not enough time to carry ideas to completion. Teachers felt pressured to teach all aspects of the curriculum or program of studies, even if that meant not taking enough time to address a student's emotional and behavioral needs. Support within the classroom, such as having a teacher's assistant to work personally with a student or being able to have timely consultations with specialists, were also listed as necessary supports to facilitate teachers' effectiveness.

The classroom environment was listed as a possible problem area in supporting EBD students. If students are being "pulled" in and out of the classroom, there was perceived to be a "disconnect" to the other students and the student's program. The tone of the classroom can become negative if the teacher always has to stop a lesson to address emotional/behavioral issues. One teacher commented that "she wanted to teach and not have to be field marshal everyday for every minute."

Having students within a classroom who are distracting, not only to others but also to themselves, may contribute to a negative environment. Sometimes it is the class timetable and schedule that are not conducive to supporting the needs of EBD students, as there may be many disruptions and changes of teachers throughout the day. Other duties, such as student supervision, administrative work, as well as attending to other curricular activities, also were considered to be contributing factors in blocking support for EBD students.

Parents, failing to support their child by not following through with program initiatives or being inconsistent, were also viewed as a barrier. Teachers expressed frustration with parents who will not consent to individual assessments or program interventions.

Finally, respondents discussed the significant impact that EBD students and their peers have on either helping to address the needs of EBD students or contributing to the failure to provide support. If there are a high number of students in a class, many disruptive behaviors may be overlooked and not intervened upon. Teachers expressed concern for regular students whose learning may be impeded as a result of a classroom teacher having to address emotional/behavioral issues. Peer relations also can have either a positive or negative effect on a student. If the EBD student is socially accepted, then there may be motivation in working towards establishing positive behaviors, but it can be very devastating to a student to be in a classroom when social alienation occurs.

Symptoms of Emotional/ Behavioral Issues/Disorders

Within the focus groups, 73% reported conduct problems as an indicator of an emotional or behavioral issue. Other indicators that participants discussed were: (1) hyperactive behavior -18%, (2) aggression – 14%, (3) somatization - <1%, (4) atypical behavior- 18%, (5) withdrawal – 32%, (6) lack of adaptability – 14%. (7) poor social skills – 27% and (8) low self esteem – <1%. Other known symptoms, which include anxiety, depression, attention problems, and levels of leadership (which may lead to a child having the self-confidence to not follow or support poor choices made by their peers), were not mentioned at all. Of significance is that all groups recognized and identified external behaviors as symptoms that a student may have an emotional or behavioral issue, as compared to internal behaviors which may be more difficult for teachers to recognize.

Severity of the problem in primary grades

The beginning teacher focus group ($n = 7$) reported that they did not know if EBD was a problem in the primary grades or if it was a particular concern at the school that they were in. Teachers from the other two schools stated that, while it may not be a severe problem with primary students, students are coming to school at an earlier age with labels and coding attached to them. Severe behavioral coding seems to be occurring at earlier ages. Those with more teaching experience perceived that there seemed to be more prevalence of emotional and behavioral issues than when they first began their teaching careers and that many young students are finding it more difficult to manage or function in a regular classroom without supports. These teachers, both beginning and those with experience, expressed a perceived concern

for their students being labeled negatively by their peers or by parents which could follow them throughout their school career.

When asked if their administrator believed that EBD was an issue that needed to be addressed in the school, one group responded that, although EBD is thought to be more prevalent, it is not considered a problem because as a school they are addressing the issue and actively looking for solutions. Having an administrator who has a special educational background has resulted in students and teachers being supported. Previously, under other administrators, teachers believed they were unsupported as they were told to "deal with it." Again, beginning teachers did not know whether or not their administrators identified EBD as a significant issue in the primary grades.

Children at Risk for developing EBD

All participants recognized many risk factors that may negatively impact on a child's development. Not belonging, or not making a connection, to a peer group was seen as a significant risk factor by all groups. A stable home life with parental support and good parenting skills was thought to be an essential component in a child's development. Overall, all groups, regardless of experience, were able to identify certain behaviors and attributes that may hinder normal development. Table 3 presents all the risk factors mentioned by the focus groups. The degree to which these risk factors contribute to a student's academic outcomes was not discussed by the group participants.

Table 3
Teachers' Perceptions of Risk Factors for Students

Abuse
Physical
Verbal
Sexual
Belonging
Peer group influence
Ability to develop friendships
Poor social skills
Exposure
Alcohol and drug use
Violence
Foster Children
Stability of home life
Development of familial relations
Attachment to adults
Poverty
Low income
Working parents
Single Family Home
Working parent
Financial stresses
Temperament
Impulsivity
Issues with anger
Issues with self-control
Withdrawal
Young Parents
Lack of parenting skills
Lack of experience
Lack of support, inattentive

- Specific conditions (i.e. a learning disability, autism) were not included in the discussion as they may have been perceived as a contributing variable but not a risk factor.

Finding resources and accessing information

When asked where they could find resources or supports for students in their classes who may be experiencing emotional/behavioral difficulties, all groups indicated that they would seek support from: (1) the student's previous teacher, (2) colleagues, (3) a student's parents, (4) administration, (5) a teaching assistant, (6) special education specialists, (7) the counsellor and, finally, (8) from outside agencies

such as social services, speech language pathologists and Native Liaison workers. All groups interpreted resources and support as "people resources," not necessarily learning resources. Professional development, such as in-services, workshops and professional reading, was not mentioned by any group.

Focus groups reported that access to training or professional development could occur if it was initiated by an individual teacher. All groups stated that they relied on the counsellor's or the special education teacher's knowledge to help them understand a code or definition, or a diagnosis. Additional information could be obtained in a student's cumulative record but often these records were not accessed or read due to time constraints.

Participants indicated that the counsellor and special education teacher play a key role in helping the generalist teacher to gain information about emotional and behavioral characteristics. Accessing the internet was also mentioned as a good source for information. Reviewing a student's Individual Program Plan (IPP) was also listed as a source of information. However, many primary students do not have IPPs developed because it may fall on the primary teacher to identify this as a need.

Assessment of EBD students

The response from the focus groups, when asked whether or not they believed individual assessments were a valuable tool in helping them to identify students with emotional/behavioral disorders, was mixed. Some believed the assessments were a valuable tool for parents so they could identify a disorder or rule out a disorder. Others believed that assessments were useful in "narrowing the focus" of a student's issues. If an assessment was old (more than three years) its usefulness was doubtful.

None of the focus groups had heard of a screening assessment that could be used by the classroom teacher. A clear understanding of the role that assessments may play in helping students with emotional/behavioral issues was not evident.

Accountability

There was general consensus among all focus groups that all those involved with a student are responsible and accountable in lending support. It was stated that parents and teacher are often on the "front line," which may indicate that these two groups are most likely to have the greatest impact. IPPs can set out and also limit respective responsibilities. Teachers responded that administrators should know, ahead of time, the profiles of students who are in need of emotional/behavioral support. Both groups from the schools emphasized that there should be a process or protocol to identify these students to help make plans for support. Participants stated that pro-active planning needs to happen or nothing will get done. One teacher stated that "the longer the problem exists, the more the responsibility escalates to the school," perhaps meaning that, if an issue is identified and there is nothing done in terms of supports, both teacher and school would bear some accountability in programming and student outcomes.

Timeliness of interventions

Participants perceived that a "wait and see" approach usually seems to be the method taken by their schools when asked how soon interventions occur when a problem with behavior is suspected. Support is slow to come, especially in the kindergarten years but the kindergarten year may also be the catalyst that signals to parents and schools that extra supports are needed. If there is a physically-violent

occurrence, a student will be secluded or isolated from the group to provide safety to the other students. Supports seem to come sooner if parents and teachers are working together as a team. Overall, all focus groups concluded that they would like to have more support sooner in classrooms. Understanding that they need to be aware of the indicators that may lead to a child developing EBD and how they as teachers play a key role in accessing the supports needed was not raised by teachers in the discussion.

Effective Interventions

These five indicators of what teachers perceived to be effective interventions were discussed: (1) early intervention, (2) program consistency by both teachers and parents, (3) having teaching assistants in the classroom, (4) support from home and (5) having opportunities to develop effective strategies and skills. These were listed as being perceived as having the greatest impact on effecting positive outcomes for Emotional/Behavioral Disorders. Teachers stated that receiving help sooner, following through with an intervention plan and having help in the classroom to support both the teacher and the students would be most effective in providing more positive outcomes for EBD students. Having "more than one set of eyes" was mentioned as being a helpful tool to allow teachers to gain perspective on the effectiveness of an intervention or program. Teachers also discussed the importance of developing positive relationships with the child as significant in helping to develop trust for interventions to occur. Maintaining consistency with the program as well as having zero tolerance for inappropriate behaviors were also discussed. Allowing inappropriate behaviors or excusing behaviors because of certain situations does not help a student to reach beyond the disorder. Teachers need to develop clear lines for

behaviors so EBD students will understand what the classroom expectations are. A good relationship with the teaching assistant in the classroom was also listed as essential in helping a child with EBD.

Future supports to put in place for EBD students

Teachers from all of the focus groups emphasized the need for more resources and supports that would help teachers and parents. Resources and supports listed were: (1) early identification of needs, (2) knowing what assessments are available and helpful, (3) staff training to further develop skills and knowledge, (4) having professional development within the school so that all may have access to it, (5) hiring more educational assistants, and (6) teaming classes together.

Teachers spoke of the need for students' needs to be identified early so the correct interventions can begin sooner. Being "able to catch these kids while help is still possible" was strongly endorsed and would facilitate creating more positive situations for students earlier in their school careers. Making time to meet with all those who are involved with the student at the beginning of the year, rather than during the year, would allow for better and more thoughtful planning of programs. Some participants differed in opinion, stating that often, until a student is better known by the teacher, planning cannot be effective.

Knowing what assessment to use and how to access the assessment were considered important by the focus groups. Many in the groups did not know that screening assessments existed or if these screenings were valid as a tool. Assessments that classroom teachers can do were seen as being "more classroom

friendly." Having the knowledge to understand and interpret the results from these assessments was not discussed by teachers.

Having professional developments or training workshops that could take place at the school were seen to be good ideas that could address the specific needs of the school and be easily accessed by all staff. The importance of teaching parents and teachers together was discussed, as participants emphasized the need for a team approach when introducing and following through with interventions.

The role and importance of a teaching assistant were discussed by each group. Often it is the teaching assistant who will be working directly with a student. Each group felt that more time in a classroom would lend itself to further support for the student.

By teaming classes together, it was acknowledged that more adults would work with the EBD student and, as a team, could establish effective supports and programming. Having more adults within a classroom would also allow a teacher to have some "down time" away from an EBD student, so that teachers could "reenergize" and be more positive. Of interest, throughout the discussions, teachers did not mention how mentally and physically tiring it can be when working with students who have unpredictable emotional and behavioral patterns.

Coding/Labeling of students

Alberta Education's special education definitions have behavioral coding that has been used to identify students with emotional and behavioral disorders. Districts are allotted funding to help support special needs programming and, depending upon the coding given, students may have access to certain programs and services. When

asked to give their opinion on whether or not this has produced positive outcomes for students, most teachers in the focus groups appeared confused by the question. They indicated that they understood that children are coded, but often had no idea what the code was or what it meant. That coding relates to funding is understood but what that means at the classroom level remains ambiguous to most. When looking at the coding descriptions, teachers discussed that the coding criteria appeared to be too narrow in focus.

When asked to imagine what supports for EBD students would look like if there were no codes or identifications attached to students, teachers indicated that every school might have different supports. It was discussed that there needed to be a knowledge base about emotional/behavioral disabilities and a practical knowledge of what interventions need to happen. The impact of having no codes or labels on students needs to be fully understood at all levels. Determining staffing levels as well as the amount of financial support that would be allotted to support students with emotional and behavioral needs may complicate the role of the school administrator because all the schools within the school district have site-based management, meaning schools set their own budget, and therefore, can determine the priorities for their particular school. If emotional/behavioral issues were not seen to be a high need in the primary grades, financial supports might not be forthcoming if there is no documentation on EBD students outlining their needs.

Of interest, was one beginning teacher's statement that indicated that, by not having codes, teachers would not be allowed to say "anything negative" about a child, perhaps underlying an assumption that codes and labels are thought to be negative. A

concern that a student's IPP might become quite general in its goals rather than more specific to address a specific intervention or goal was also raised.

Student Transitions

The IPP transition plan was indicated as a way in which teachers may communicate information about a student and provide effective transitions. Informal conversations among colleagues, as well as understanding exactly what the teacher's role is in finding and providing effective interventions, can help to ease a student's transition from year to year.

Data analysis of the interviews

Behavioral and emotional issues most frequently dealt with in the classroom and school

Upon beginning each interview, teachers were asked what types of behavioral and emotional issues they most frequently had to deal with. All respondents indicated frequent behaviors occurring were not listening, being non-compliant and not doing what was asked by the instructor. Table 4 presents the respondents' responses of what types of behavioral and emotional issues that most frequently occur in their classrooms. Examples of this would include young children stating "you're not the boss of me; I don't have to listen to you." Disengagement or apathy was also reported as being observed in primary classrooms as well as students whose behaviors continue to escalate into socially unacceptable behaviors. Students displaying a short attention span, exhibiting behaviors that the teacher considered rude, hiding and displaying aggression towards others were all behaviors that were concerns for these teachers. One teacher made the observation that some students seemed to be able to

"push people's buttons" and, at times, seemed to be totally unaware of the impact of their behaviors on others.

Table 4

Most Frequently Occurring Behavioral/Emotional Issues in Classrooms

Non-compliance
Not listening
Not doing what was asked by the teacher
Apathy
Disengagement from learning
Disengagement from peers
Students displaying passive aggressive behaviors
Anger
Destructive behavior – breaking pencils, ripping paper, destroying materials
Students having temper tantrums
Rude behaviors
Students displaying socially unacceptable behaviors towards peers/teachers
Lack of Focus and Attention
Students not being able to sustain themselves in an activity or task

Teachers reported that the behaviors that they find difficult to support and be effective with were those of disengagement. Understanding why such young students would not want to learn and have become so disengaged at a young age is disconcerting for teachers. Students, who are passively aggressive and do not react enough to be angry or simply state that "they don't care," create a point of frustration for many teachers. Another observation made was that it was extremely difficult to support students who have "strange reinforcement histories; students who will throw temper tantrums as a way of getting what they want." Teachers stated that it was difficult to support students whose parents may induce fear in a child or use intimidation, and so these particular students may not know how to act or react if the teaching method does not use fear or intimidation with the student and this is most

often the case is in a regular primary school setting. One teacher stated that it was difficult working with students exhibiting emotional and behavioral issues as, often, the student's own parents were at a loss regarding how to manage their child's behaviors effectively.

Teacher tolerance

When asked how tolerant teachers are of such behaviors, there was a range of responses from not very tolerant at all to genuine attempts made by teachers to support students. Comments made were that, in general, teachers are quite tolerant when behaviors are initiated, but tolerance levels tend to decline the longer the behaviors persist. Some teachers may become afraid of their students and perhaps fearful of the student's parents. If a teacher's first encounter with a student is negative, there is an emotional response that can linger if not dealt with. If there is a lack of family support, often a teacher's willingness to help will drop as many teachers believe that they are battling the child, the home and the family. One teacher commented that some teachers will ignore a student's behaviors, but in doing so are also neglecting and ignoring the student. Teachers don't like it when students "thwart their plans" for the day. Often there is a stigma attached to these students and teachers would like to have the option of not teaching them in their classes. However, if there is family support, teachers appear to be quite willing to do whatever they need to do to help their student.

Descriptions of Behaviors

The respondents described students who exhibited emotional and behavioral issues as students who have "meltdowns" in class or who throw tantrums in class.

Behaviors were described as out of control or rude, and were sometimes described as "weird or strange." Some students work hard at trying to stay "invisible" and just left alone. These students would display passive behaviors and refuse to comply with class directions. Often teachers would observe that there was something "wrong" with a student but would be unable to know exactly what was wrong. One teacher commented that complex student behaviors that could not fall under a descriptive label were often inadequately described by teachers. Some reported knowing teachers of making comments that were unprofessional when they were frustrated and unable to achieve any progress with supporting and intervening with disruptive behaviors.

Primary children at-risk of developing emotional and behavioral issues

Primary children who are at-risk were described by the respondents as children who were not likely to have social, academic and/or behavioral success in school. One teacher reported that, usually, at-risk is interpreted as those students who are failing academically but with young children the "whole package" must be considered, especially those who lack social skills or are emotionally unstable. Students who are not fitting in socially and are not having a happy school life are at-risk and may eventually "opt out" of belonging to the school community. Students who are not building a relationship with their teacher or with the curriculum are at-risk of falling away from their school and home community and are at-risk of developing emotional and behavioral issues. These teachers were concerned that students who come into the classroom with signs of neglect (clothes, nutrition, and hygiene) will become students who are at-risk. Finally, young students who have

attention and learning difficulties or issues with anger were identified as students who are at-risk. All of the participants corroborated that young students may exhibit a wide range of behaviors that could be defined as "at-risk behaviors."

When asked if their perceptions of a student changed if they knew a particular student had an emotional or behavioral disorder, there was a consensus that, although many of the characteristics were no different from those for children described as being at-risk, there was a heightened awareness of a student's deficits. Perceptual differences may include an awareness that these particular students come into the classroom with a history and probably have trouble negotiating relationships and may use their behaviors to "mediate and hold on to their sense of identity." One teacher commented that, when a student who has an emotional and behavioral disorder (EBD) enters the class, there is an urgent need for knowledge about the disorder and also feelings of sadness and empathy for the student as the "road ahead may rocky."

Challenges faced by EBD students

Teachers all agreed that there are many challenges faced by EBD students during the primary years. These children may come to school with a skewed perception of school if their parents' views of school are not positive. They may also be challenged academically. Many will have feelings of being disliked, of not having friends at school or within their own community, and of being different from other children. These are also the children who are "kicked out" of community activities and may believe that everyone is against them. One teacher commented that, because many of these children will be on the "outside looking in, many will lose the opportunity to learn valuable cultural codes" and will not believe that school can be a safe place. The

same teacher added that many EBD students will "leave school in their heads early on and will follow later with their bodies." Many EBD students lack the gift of perception or lack sensitivity, and may not experience feelings of being genuinely cared for by their teachers. Finally, many EBD students run the risk of not fitting in socially and not having a happy school life and will drop out eventually.

Identification and support for EBD students

Of the four teachers interviewed, only one reported that her school had an established formal process for identifying students at risk for developing emotional and behavioral issues. Referrals are teacher driven as all participants reported that their schools relied on teachers to make the initial referral. Occasionally, parents would identify particular needs of their child. Not all teachers access the identification process at their schools and it was observed that perhaps those particular teachers didn't believe that they required additional supports or didn't want them.

All participants commented that the role of th e administrator was paramount in seeking and receiving additional supports. Certain administrators seemed to have particular knowledge of special needs issues and could ensure contacts for additional supports. Working as a team within the school with the referring teacher, counsellor, community support worker and administration, was seen as essential in trying to gain support for EBD students.

Importance of Identification

All of the respondents interviewed stated a belief that it was important for students with emotional and behavioral issues to be identified. Reasons for

identification varied but early interventions and proactive supports were advocated by all. Comments were made that suggested that, by intervening early, the outcomes for these students could be changed and that teachers are more likely to "succeed at six than at sixteen." Concern for parents was also mentioned, as it was advocated that it is important for parents to realize they are not "bad parents" but there are some difficult issues that affect their child's future outcomes. Identification was seen to be one way that teachers could advocate for their students and try to get further supports for them in a system that seems to be overtaxed in trying to find adequate support systems.

Assessments

Asked if they knew of any formal assessments or screenings (Appendix B) that could help them to identify EBD students, awareness of assessments was varied. One knew of the *Systematic Screening for Behavioral Disorders (SSBD)* and the *Early Screening Project (ESP).* None had seen the actual screeners but did know of other behavioral checklists such as the Behavior Assessment System for Children (BASC). As well, assessments such as the Wechsler Intelligence Scales for Children – Fourth Edition (WISC-IV), Stanford-Binet Intelligence Scales V (SB-V), and the Wechsler Individual Achievement Test – Second Edition (WIAT-II), are known by these teachers as common assessments given to children experiencing difficulties. The two special needs teachers commented that they are not usually asked by teachers to conduct a behavioral assessment, as most assessment requests are for measuring cognitive and academic growth. It was observed that, during the kindergarten and grade one years, most of the disruptive behaviors were often perceived to fall under

the umbrella of development, with teachers and parents thinking that these students are "just not ready" or immature in their social development relative to their peer group. There seems to be patience and understanding in the kindergarten year that is followed by a "you're not going to get away with that this year in grade one."

. A description of the *Systematic Screening for Behavioral Disorders (SSBD)* and the *Early Screening Project (ESP)* was provided to each participant to inquire whether or not such a screener would be of interest to them or other teachers. Three participants expressed an interest in learning more about the screeners while one stated that, rather than using a screener, spending more time working on the student-teacher relationship would be of higher interest. One participant cautioned that such screeners used by teachers may cause an over-identification of students with emotional and behavioral issues.

Value of assessments

All participants agreed that assessments have a role to play in providing help to children who may develop EBD. There was a wide range of reasons for having assessments completed. All agreed that assessments can verify that there is a particular problem or issue. Assessments can give important information and also give "leverage" for parents and teachers to speak to others about the problem and help them to say "look, we are not making this up; there really is a problem." One participant stated that assessments can legitimize a teacher's or parent's concerns and lets others know that the teacher(s) or parents knew there were problems. A concern was stated that some teachers may want the assessment to prove that "it's not me (the teacher) who is not being successful, but the student" who has the real issues.

Assessments can leave a "paper trail" on students and may lead to further support or funding for a student's program. One teacher stated that there is a certain amount of accountability that each teacher has and if nothing is done to help a student, there could be legal ramifications.

One participant questioned the value of assessments, stating that schools do not always select the children who could benefit best from an assessment as often assessments are done for reasons other than helping the student directly. These reasons may be politically motivated, for funding renewals, for program acceptance, and/or for accommodations for government tests.

Are assessments utilized for everything that they are meant for? This was a question presented by one participant, who also questioned how much change in practice happens as a result of an assessment. It was stated that assessments may lead to accommodations, but the major purpose of the assessment is often the recommendations and these may not be implemented in a student's program. Different teachers use them differently and it was suggested that assessments can also lead to relieving some accountability and responsibility of a teacher. It was speculated that prior, to an Individualized Program Plan (IPP) being developed, there is a heightened awareness of being unsuccessful, and that coding (labeling) provides an explanation of why a particular teacher cannot be successful. There can be a release of responsibility in an integrated program setting with a teacher perceiving that anything a student learns may be a bonus and "that teachers can hide behind the curriculum."

Labeling or coding of students

Asked whether coding or labeling of students was meaningful or helpful, quite a passionate split of opinions between classroom teachers and special needs teachers emerged. One teacher espoused a hatred for codes or labels and has deliberately not learned the meaning of them. While stating to be quite bothered "by the whole labeling thing," the same teacher realized that these codes or labels can mean funding or support for students. Stating that the "paperwork" may need to be coded but stating a hope that all who would be connected to a student would have the student's best interest at heart and that service to the student would be attached to the code or label was also reiterated.

Another teacher believed codes and labels to be "reductionistic" in nature in that they reduce a child to an identifiable list of behaviors. A belief that codes and labels can remove some teachers' and parents' responsibilities in teaching the entire academic curriculum to the same achievement level standards as regular children, was stated. That medication may come because of coding or labeling was also listed as a concern perhaps indicating a bias concerning use of medications for certain disorders.

Two teachers who are special needs coordinators believed that coding and labeling of students can be helpful. Coding or labeling can lead to funding and may also narrow the search for information of a particular disability. Such coding can lead teachers and parents to establishing expectations and can give a profile of students which can be useful. A caution of how codes and labels were used was also expressed by these teachers, stating that codes and labels should not be set up for an excuse that would excuse the student from academic and social learning.

Future outcomes for students with EBD

All participants held viewpoints of uncertainty for students who experience emotional and behavioral issues. Many variables were mentioned from success of early interventions, depth of the family support systems, quality of the educational experiences and programs, and student resiliency. One participant stated that, if the school systems can follow through with the advice and recommendations of the experts, then positive outcomes will have more of a chance. Teachers need to believe that they can effect change or there isn't any point or hope. One teacher made an analogy of a tricycle, stating that students can "make a go of it with two wheels, even one but with no wheels, they are doomed."

Participants stated that often these students who have emotional and behavioral disabilities are not "easy" children to raise or teach. There is a co-morbidity that comes with emotional and behavioral disabilities that can add additional stress on the student and his/her family. It was stated that often these students will have a limited outcome as they have learned a set of behaviors that can keep others at a distance from them and that their interactions with others may be limited unless they can find someone who may put up with their behaviors.

Teacher Conversations

All four participants stated that many teachers are feeling overwhelmed and frustrated, and have given up trying to help students who have EBD. A lack of energy seems to be a common theme with the attitude of "been there, done that, but go ahead and try it, but you'll see it doesn't work." If there is not a good prognosis for the student, many teachers may wonder what the point is in trying. They may

believe that they should work with the students who want to work and with whom they have a reasonable hope of making progress, and that their energy can be better spent somewhere else. One teacher stated that teacher attitudes such as these can be personally very wearing and wished that everyday would be a day when there was enough "energy to work with all the kids who need help."

Teacher conversations can take on a personal tone, and can define and shape the perceptions of a child for the rest of the teaching staff. Overall, all participants agreed that, for many teachers there is a feeling of helplessness, wondering what more they can do to help students with EBD.

Barriers preventing teachers from being effective

Teacher stated barriers that prevent teachers from being effective in teaching students with EBD were: (1) lack of time and energy, (2) lack of information on what the disorder is and how to deal with it, (3) lack of coaching and mentoring, (4) lack of collegial/administrative support, and (5) lack of a mentor to help show a teacher what to do. The timeliness of putting an intervention in place as well as having administrative support without having to "prove" that there really is a problem, were also brought up by the participants. Teachers can go to the internet, read a book, or wait for an in-service to occur but all of these ideas continue to create barriers for teacher. It was mentioned that teachers can also be the barriers in being effective in that they can deny that a problem exists or avoid dealing with a child's issues, thus creating further problems for the student and his/her parents. Having a protocol or process in place that teachers can follow and have immediate supports (even if they are just temporary) in place would help teachers.

Knowledge and skills in helping EBD students

As stated, the four participants in the interviews are considered to be master teachers by their peers and to be able to deal effectively with behavioral and emotional issues, yet all responded that they did not have all of, what they believed to be, the necessary knowledge and skills to help them deal effectively with emotional and behavioral students. All stated that their knowledge and skill levels are varied and that there is always more to learn. Many students may require intensive therapy that teachers cannot provide. Some students may exhibit very intense behaviors that may be beyond the skills and knowledge of a regular classroom teacher. One teacher commented that there are often feelings of being completely and constantly overwhelmed by the complexities of these students although there is also a willingness to listen, learn and have an open mind to solutions.

Participants, when told of their colleagues' esteem for their behavior management skills, stated that they had attained what knowledge and skills they had from their own teaching experiences, professional readings, graduate work, and by working with mentors. One teacher stated that, through experience, one has learned "what not to do, as much as what to do." Listening to experts and attending conferences have helped build their knowledge and skill base.

Training and professional development

Two teachers stated that they have had no training or professional development in learning how to be effective with EBD students. One teacher has a counselling degree and one teacher stated that she has attended the Alberta Teachers' Association

Special Education Conference yearly to update knowledge and skill levels for helping EBD students.

Support

Asked to identify what has helped them the most in being an effective teacher with EBD students, all teachers identified the support of their colleagues as being paramount to their success. Being able to develop relationships of trust with colleagues so that "stupid questions" can be asked and new ideas can be tried, were listed as being key elements. One teacher identified the support of the administrator: knowing that the administrator is on side with the teacher and is trusting the teacher has allowed a team approach to develop and this has led to more positive outcomes for many students. One teacher cited that teaching experiences were the most helpful as well as having a resource bank of specialists/consultants available to lend additional support. Time spent talking to parents was essential in allowing teachers to be part of the team to help the student.

Recommendations for teachers

A range of recommendations was brought forth by all participants. One teacher stated that making sure that goals for EBD students were appropriate and realistic were essential because, when goals are continually set up for students with little hope of attainment, students can be assured of failure. It was observed that often inappropriate goals are created because of lack of understanding what the real issue or disorder is. Another participant stressed that teachers need to concentrate more on developing a positive relationship with students who have EBD issues. Trying to understand the student from the child's perspective is more important than looking at

the child through the teacher's lens of conception, was stated as essential for all teachers. All four stated beliefs that teachers need to make it their business to obtain more knowledge and skills. Finding books, videos, conferences or sessions that can offer teachers a different way of looking at things, giving them strategies in how to control stress levels in children and how not to reinforce negative behaviors, are tools that every teacher should have. One teacher observed that teachers who "struggle" and are continually ineffective may need to consider another occupation as students are being "harmed" by teacher apathy and ineffectiveness.

A concern was raised that often behaviors are "managed or contained" to help a teacher "survive" his/her day. Students need to be taught directly about the impact that their behavior is making and teachers need to be given other perspectives of their students. At times, teachers are so intent on teaching the curriculum that there is a lack of balance for students who have emotional and behavioral issues. Getting early help to students is essential.

System wide professional development within the school division was perceived by these teachers as being ineffective (not practical, redundant and not relevant) and as being perceived by many other staff members as a main contributor to teaching staffs believing that they are overworked. One teacher commented that "even those teachers, who are truly not overworked, believe that they are overworked." Schools and teachers need to set students up for success and to create better understandings of what is happening to students and for students. Finally, one teacher asked, "How can teachers take what is on paper and make it real for their students?"

Summary

Chapter 4 has presented numerous concerns and viewpoints of the teachers participating in the focus groups and selected interviews. There appears to be a wide range in personal teacher knowledge of emotional and behavioral disorders ranging from perceived causal factors, medical conditions, observable behaviors, environmental factors and student outcomes. Teachers, parents and students, as well as the curriculum, lack of time, and the classroom conditions, were perceived as barriers in preventing teachers from being effective with EBD students. Factors (abuse, lack of belonging, exposure, family situation, poverty, and temperament) that put students at-risk for developing EBD were also discussed, as well as the behaviors (non-compliance, apathy, anger and attentional difficulties) most frequently observed.

Chapter Five

Discussion

The current study involved generalist teachers of children, ranging in ages of 4-12 years, in exploratory focus group discussions and selected interviews to investigate:

1. Teacher knowledge of emotional and behavioral issues that occur in generalist classrooms.
2. Teacher knowledge of early screening and identification procedures of emotional and behavioral disorders.
3. Teacher ability to recognize the need for early interventions in primary students.
4. Teacher knowledge of student outcomes for students who have emotional and behavioral disorders.

This study provides support to understanding that there is currently inconsistent knowledge and training of emotional and behavioral (EBD) issues amongst primary teachers (Kauffman, 1999, Sugai 2003). As a starting point in collecting data, teachers in the focus groups and interviews were asked a series of questions to examine and compare knowledge of emotional and behavioral issues in primary classrooms.

Identification of EBD Issues

Results from this study indicate that teachers in primary classrooms are very much aware when their students are experiencing difficulties in adjusting and fitting

into the classroom learning environment. These young children who are coming into their classrooms exhibiting behavioral and emotional issues that prevent them from learning at the same rate as their peer group were of high concern to those interviewed and participating in the focus groups. Whether a child is formally "coded or identified" through Alberta Education, or whose behaviors indicate that learning is not occurring, and that the child is "at-risk," teachers are looking for answers to help them teach and assess effectively.

Teacher knowledge of EBD

Teacher knowledge of EBD issues appears to be random and experienced based. External behaviors such as crying, yelling and physical acts of aggression were more readily identified by all of the participants as behaviors that needed interventions while internal behaviors such as withdrawal from peer and school activities and apathy were not as readily identified.

This study supports current literature that most schools do not have a systematic process in place to help teachers identify and provide early interventions (Forness, 2003; Sugai, 2003.). Teachers believe that their school is on its own to solve any issues that arise. All participants indicated schools primarily rely on the classroom teacher to identify student needs. Considering that most (97-99%) of the students who will exhibit EBD issues will be in regular inclusive classrooms (Nelson, 2000), it is imperative that primary teachers know what they are looking for and when they need to seek assistance. Some teachers indicated that emotional and behavioral issues should not be the concerns of the classroom teacher as it is a mental health issue and not an educational issue, and they would just like to "teach." What teachers need to

realize is that often before academic learning can occur, a child needs to feel safe and part of the school community (Eisner, 2002; Osterman, 2000) and this would indicate that emotional and behavioral issues must be addressed by the child's teacher.

Early screening and identification procedures

With the exception of those with a special education background, generalist teachers were not aware of assessment tools and screeners such as the *Systematic Screening for Behavioral Disorders (SSBD)* or the *Early Screening Project (ESP)* that could help them to identify their students who may exhibit EBD issues. While teachers are indicating that most believe they have the skills to identify most of their students with EBD, having a formal assessment tool or screener that they could use without bringing in a specialist may help them to access earlier interventions for their students, as such standardized assessments are validity and reliable. In using such assessment tools, internalizing behaviors that are often overlooked could be identified earlier or at the very least monitored.

Coding and labeling of students

This study indicates that identification of student needs rather than coding or labeling seems to be more acceptable to the generalist teacher as there was quite a passionate response and concern about the possibility of "labeling" a student and how labeling would further impact on and possibly impede future learning. That teachers themselves are reluctant to label and are advocates for their students is encouraging, yet there must also be an awareness that, in not identifying particular students with emotional and behavioral issues, early interventions will not occur and that the teacher is, in fact, not being an advocate for this student but an enabler for

maladaptive behavior to develop (Forness et al., 1996, Kauffman, 1999,). The results indicate that teachers do not have a thorough understanding of the coding that Alberta Education uses and that many perceive it as negative. Those who did view coding and identification positively indicated that they understood the purpose of Alberta Education's Special Needs mandate and how funding and interventions may be forthcoming as a result of it. This speaks to the need for systematic dispersal of information so that all teachers receive the same information, and obtain a general understanding so their students will have a better chance at receiving consistency in identification of needs and receiving timely interventions.

Early interventions

All teachers in the study spoke of the need for earlier interventions. Support is slow to come to the kindergarten and grade one classrooms as there exists the hope that, developmentally, the child will mature and catch up with his/her peer group (Kaufmann, 1999), and the emotional and behavioral issues will disappear. It is hoped that these issues will be resolved, but it needs to be achieved through teachers having a better understanding of EBD, and having earlier interventions and supports being put in place. Teachers need to provide quality interventions and that will require more than just knowing what to assess and teach, and more than following an intervention program (O'Shaughnessy et al. 2003). According to O'Shaughnessy et al., teachers will have to have a thorough understanding of how to implement intervention procedures and to understand why certain procedures can promote effective social and learning environments. Ignoring maladaptive behaviors of young children and hoping that they will go away is unacceptable. Current research and literature

supports the efficacy of earlier rather than later interventions (Forness et al., 1996; Lane et al., 2003) in achieving more positive outcomes for students with EBD.

Classroom teacher and learning environment

Participants in this study indicated that they often look first to themselves in trying to understand why a child is not making adequate progress within the classroom. If, generally, other students in their classes are learning, they will conclude that it is the child, not the environment, who may need added support. Of interest was that, while most teachers agreed that the learning environment can either add to or negate a child's frustration level, teachers themselves did not suggest that they should try to learn what environmental triggers a child with EBD may have or how to change these triggers. Teachers seem to have a repertoire of classroom management techniques (using humour, motivation, establishing a positive classroom atmosphere) that they regularly use to establish teacher-student rapport. Understanding that different students require different environments and different teaching is paramount if teachers are to be successful with all the students in their classroom.

Teacher skills and training

Of the participants in this study 86%, concluded that they needed to have better skills and training to help them be more effective teachers for children with EBD. While the sample was small, this speaks overwhelming to the need for future supports to be provided. The fear that they may be "doing harm" to a child and not knowing what to do at the right time indicates that more support for teachers is needed to help them to become more knowledgeable and skilled. Teachers appear to be hesitating in

putting interventions in place unless they are assured that these interventions will be effective. Because of the complex nature of an emotional and behavioral disorder, all interventions will not work the same for every student. Personal teaching experience and the experiences of colleagues were cited as invaluable teaching tools for teachers and, if schools could find a way for teachers to collaborate and share in their expertise, a supportive network for all teachers could ensue.

Professional development

Professional development for training teachers on effective EBD techniques, as indicated by the results of this study, would be valued by teachers. While stating that it is needed and valued, most participants did not list it as a priority in their personal professional development growth plans which further supports the research that only those who are interested in furthering their skills will attend additional in-services (Kaufmann, 1999; Sugai, 2003). This again supports the hypothesis that teacher knowledge of EBD issues is sporadic and inconsistent amongst schools. While personal experiences and the experiences of colleagues can provide valuable support for teachers, schools must also ensure that the latest research and best evidence-based practices are also being presented so that continuous learning may occur. It cannot be left solely upon the individual teacher or school to gather a research data base. While schools need to balance their priorities for professional development to ensure that all school issues are addressed, there needs to be opportunities for teachers and administrators to further their knowledge and skills. School divisions need to be accountable to their students and community and this means ensuring that there are

adequate personnel in all the schools who are sufficiently qualified to identify and provide effective early interventions for students.

Beginning teachers

Results from this study indicate that beginning teachers will require extra support from schools to help them in becoming effective teachers for children with EBD. As experience and relationships with colleagues were cited as major areas of support, beginning teachers have not yet had the benefit of these experiences and may not have established relationships with other teachers. The data collected from the focus group inquiry indicated that beginning teachers do not have sufficient background knowledge of EBD issues that would help them to identify children in need. They may believe that it is their teaching techniques that are lacking and may be hesitant to seek help from others. As the results indicated, all teachers regardless of their length of teaching experiences believe that there are certain circumstances in which they would require assistance and support. Beginning teachers, as well as those teachers who have not worked with special needs students before, need to have access to mentors who will work alongside with them to help create a supportive teaching and learning environment. As mentioned by the participants, having an "extra set of eyes and ears" can be invaluable in terms of support.

Beginning teachers have a lot to learn in their first year of teaching so it may be too much to expect that they would also be special needs experts but it should be expected that all students in their care will receive adequate and appropriate programming for their learning needs. There is an ethical and legal responsibility that educators have to provide appropriate programming for all students as identified by

Alberta Education's Alberta Special Education Standards. To accomplish this, schools have a responsibility in establishing a system to help all teachers, especially new teachers, to work effectively with students who have EBD.

Role of administrators

In this study, teachers stated that the support of their administrator was critical in their feeling effective as teachers. Understanding that there is a problem, providing support and being available to come into the classroom were listed highly as being supportive and needed. While administrators may not have background knowledge of special needs students, it is imperative that, within their building, there are adequate personnel that teaching staff may turn to look for guidance and support. Qualified special needs coordinators and counsellors are sought out by teachers and need to be available as they can provide the background information to help generalist teachers to understand the results of assessments and what interventions need to be applied. Establishing a formal process or protocol, within their school which teachers might access to help them identify children with EBD issues, and to provide early interventions, would help to provide support earlier to children with EBD, and will increase the likelihood of improving student outcomes (O'Shaughnessy et al. 2003). Figure 2 demonstrates a model developed by O'Shaughnessy et al. that schools may use to create a systematic procedure that all teaching staff could use to help with early identification and interventions.

Formalizing transition plans for students so that as the students change teachers their program will stay intact will help to provide further continuity and stability for students with EBD. Administrators could also provide release time at the beginning

of the year to enable teachers to meet and plan effective transitions. When placing teachers in classroom, administrators need to be thoughtful of teachers' qualifications and expertise. Students who have EBD issues need to be placed in classes in which they can be assured of effective programming. For those classes that do not have teacher expertise, the administrator will need to provide additional support and guidance to the teacher. Administrators play an important role in establishing effective identification and early interventions for primary school children.

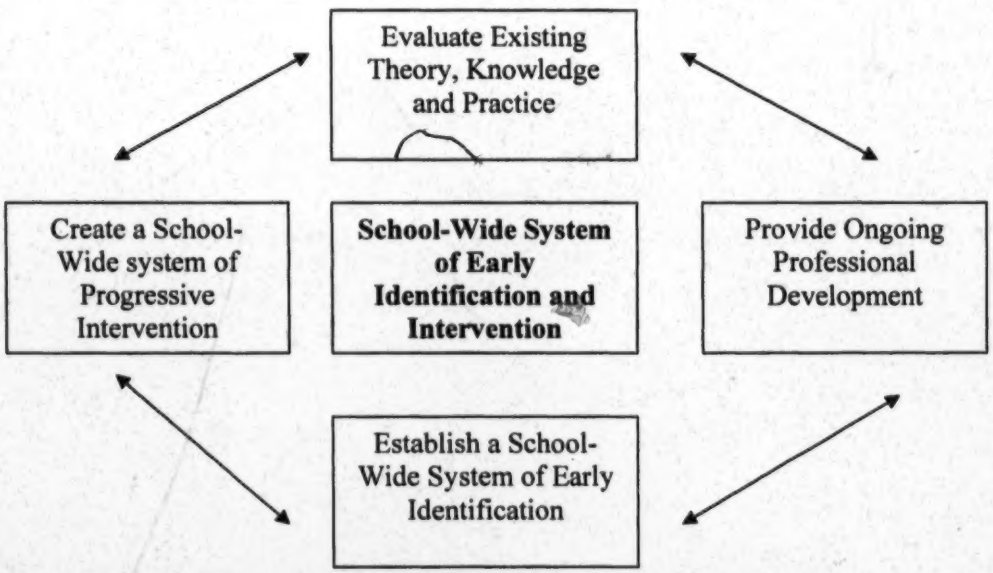
Evaluate Existing Theory, Knowledge and Practice
Create a School-Wide system of Progressive Intervention
School-Wide System of Early Identification and Intervention
Provide Ongoing Professional Development
Establish a School-Wide System of Early Identification

Figure 2. A model of major recommendations for implementing a school-wide system of early identification and intervention (O'Shaughnessy et al., 2003).

Collaboration amongst teachers and schools

The positive responses from the participants indicated that there is a need and desire amongst teachers to have the opportunities to talk about their students who have emotional and behavioral issues. Having the time to meet and problem-solve

was seen to be helpful and supportive. Teachers would like to have time provided to them so that all of their students' needs can be addressed. Relying on meetings in the hallways, and/or occasional conversations were seen to be as "hit and miss" supports for students. Teachers stated that often they would not know that there was a "problem" in their classroom until a student was in crisis. Being able to meet ahead of time and to create a behavior plan with those who know the child best (parents, previous teacher, and counsellor) was seen to be more proactive and helpful to teachers. This approach also was viewed as helping to alleviate some fear that teachers have in working with students whose behaviors are often unpredictable. Teachers also have a responsibility to know their students' learning histories. While records for primary students are often academic in nature, there should also be documents that record students' emotional and social growth.

Collaboration amongst schools within the school division was seen to be needed. While expertise within the school is important, having the opportunity to meet outside the school was seen to be advantageous in helping teachers to increase their own knowledge and skill levels. Working with outside agencies and building up a community network to support primary students with EBD will help to provide further supports and interventions. Students with severe emotional and behavioral disorders are tough students to teach. They can appear to be and often do act disrespectful, greedy and engage in delinquent behaviors (Weissbound, 2003). Teachers are often dismayed that, in trying to reach out to these students, their efforts are often negated, jeered at, and ridiculed. When dealing with students who seem to be intent on being destructive, it is difficult to remain optimistic and hopeful about

these students' futures. Teachers need to know that these students' problems did not begin overnight and it will take more that one good lesson to undue and solve some of the trauma that these youths face daily (Barr & Parrett, 2001). Teachers need support; they need a school team approach to effectively teach these students (Scott, Nelson, Liaupsin, Jolivette, Christle, & Riney, 2002).

Limitations of the study

This study has several limitations. First, the convenient sample sizes of the focus groups were small and did not represent all of the schools within the particular school division. Administrators (selected though their school demographics) were first consulted by the researcher to obtain permission to conduct the focus group inquiry. Upon receiving permission, these administrators then spoke to their teaching staffs to obtain a willingness to participate. Of the four schools asked, only two responded favorably to the inquiry, thus limiting the sample size. The two schools that did not participate may not have a high interest in emotional and behavioral issues in primary children, may have felt that they could not commit the time to participate, or may have had a variety of reasons for not participating.

The beginning teacher focus group did consist of teachers from other schools within the division but, again, not all schools were represented. Teachers participating in the focus groups did so willingly and took personal time to attend the inquiry sessions. Those teachers attending were interested in the topic compared to those who declined to attend so their views may not be representative of the entire school division. Those selected for the interviews were teachers known for their effective teaching practices, had over five years of teaching experience, had been

teaching within the school division, and could provide an overview of their school's practices to the inquiry. However, they also do not represent all of the schools in the school district and this must be considered. Further focus group inquiries and selected interviews are needed to establish a reliable trend in emotional and behavioral issues in primary classrooms.

Because of the limitations of the sample size, this study may have little generalizability to other school districts. More focus groups inquiries conducted with other school districts could help to determine if the findings are limited to this particular school division or are indicative of emerging trends and issues in education concerning teachers and EBD students.

The second limitation was time. Teachers were asked a multitude of questions to initiate the inquiry of EBD issues in primary students. At times, teachers appeared to have more information to add but could not due to time constraints Many indicated that they would like to have a follow-up discussion and were interested in the outcomes of this initial research. Further time spent talking with teachers may produce more in-depth results into the issues affecting primary students with EBD. For example, teachers were not asked what they would consider to be primary, secondary and tertiary interventions or what restrictions to classroom environments were easy to access. As questions were asked, more questions and topics emerged that were of high interest to these participants.

Another limitation of this study is the generic nature of the questions asked. In an attempt to have the inquiry be as open-ended as possible, many topics and issues were

introduced and briefly commented on. Future studies are needed that will provide more in-depth information on the topics that were introduced.

Implications for Future Research and Practice

This study affirms the need for more supports being put in place to help primary teachers identify and provide effective early interventions for students who are exhibiting emotional and behavioral issues. Teacher knowledge, teacher tolerance, and teacher experience are key factors in getting support earlier to primary students (Kaufmann, 1999; Sugai, 2003) so it is important that future research inquiries assess what schools and teachers are doing systematically to try to prevent socialization failure. Improving teacher knowledge of what puts a child at risk of developing emotional and behavioral issues and then training teachers to use effective interventions to offset further development of maladaptive behaviors are paramount areas for teacher development if more positive outcomes for students are to be achieved. What do teachers do when coercion, bullying, disruption of learning, social isolation and threatening behaviors occurs within their classrooms? Are administrators made aware early in a student's school career that there are emotional and behavioral issues that may be impeding academic progress?

Further studies that will assess and review the roles of the school administrators and districts, on the processes and supports that are currently being provided to teachers to help strengthen teacher practices when working with students with EBD, may be useful in the future.

Teacher knowledge of early development in children ages 4-8 is another area in which further studies or professional development may be needed. If, currently,

teachers do not have a basic understanding of what can be expected (cognitively, socially and physically) of primary students, they may be at a disadvantage in early detection and interventions for EBD students.

Summary

Educators continue to advocate evidence-based practices for good teaching methods and programming. As students have both academic and social/emotional needs, teachers must become more effective in addressing both. While there is much effort placed in re-designing academic curriculum for students, teachers and administrators are finding that they are spending valuable classroom time dealing with violent and aggressive behaviors. These behaviors are preventing optimum learning from occurring. This focus group and interview inquiry, while exploratory in nature, serves as a starting point for administrators and educators to gain a better understanding of what their teachers know and need to know about students who have emotional/behavioral disorders. If the objective is to have students and teachers working effectively together to achieve positive and durable outcomes, teachers and administrators must know how to effectively teach appropriate behaviors in a timely manner. Being aware that certain emotional and behavioral issues and/or behaviors may already be occurring in primary classrooms, requiring immediate interventions that may be less invasive (to the student, teacher, peers and parents) in a primary classroom, may lead to more positive student outcomes. Waiting until students demonstrate aggressive and violent behaviors, which may lead to suspension and/or expulsion, before seeking interventions, cannot be the answer. Understanding what generalist teachers know about EBD may be the first step to helping teachers and

administrators build capacity for effectively teaching students with emotional/behavioral disorders.

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Appendix A

Emotional and Behavioral Issues

Participant Consent Form

Thank you for agreeing to share your thoughts and views in this Emotional and Behavioral Issues focus group inquiry/interview session. Your contribution s will certainly add insight to the research project. Before participating in the focus group inquiry/interview, please read and sign this document. It explains the purposes of the research, and the conditions of your participation.

1. This interview is part of a research study that is a final requirement for my Master's degree in Educational Psychology at the University of Alberta under the supervision of Dr. Lorraine Wilgosh. The purpose of the study is intended to explore emotional and behavioral issues arising within the context of primary classrooms. It is hoped that the data collected will result in providing the groundwork for giving teachers earlier and additional supports for working with students who may be at risk for developing or already have emotional/behavioral difficulties and issues. I have been granted approval by Parkland School Division #70 School Board to conduct this research project.

2. In interview, you will be asked to share your thoughts, opinions and observations about your class, school and district. The researcher may make use of video/audio equipment to record the focus group session. Sessions may be transcribed.

3. Personal information is protected by the Freedom of Information and Privacy Act (FOIP), and cannot be released without your consent. Your comments may be shared in writing in the final written thesis for this study, but will not be associated with you or your school/district directly. Confidentiality will be maintained at all times.

4. Participation in this study is voluntary. You are free to withdraw from this focus group at any time, or to decline to comment on any issue or contribute to any written submissions. There is no penalty whatsoever if you choose not to participate in the study.

5. After completion of the interview, you are free to remove yourself from the study by requesting that information shared in the interview be removed form any future study considerations or reports. There is no penalty for withdrawing from the study.

6. Research and writing are dynamic activities that may shift in focus as they occur. Therefore, data gathered in the interview session is subject to responsible synthesis and interpretation on the part of the researcher in this study.

7. Questions or concerns may be directed to Gail Ferguson at the University of Alberta, e-mail gailf@ualberta.ca. You may consult the University of Alberta Secretaria website to directly review the University of Alberta's research policies concerning Protection of Human Research Participants. http://www.ualberta.ca/~unisecr/policy/sec66.html

I have read and understand the above explanation and conditions of participation in the Emotional and Behavioral Issues Focus Group Inquiry/Interview, and agree to participate in the study.

_____ _____

Signature Date

Appendix B

Inquiry Questions/Topics for the Focus Groups

Personal Written Response

1. What do you know about emotional/behavioral disorders?

2. Do you feel that you have the skills to accommodate students who have Emotional Behavioral Disorders (EBD) issues?

3. What gets in the way of being a good teacher for students who have EBD issues in primary classrooms?

Focus Group Prompts

Identification/Symptoms of Emotional Behavioral Disorders (EBD)

1. What are the symptoms of Emotional Behavioral Disorders (EBD)?
2. Are Emotional Behavioral Disorders (EBD) a severe problem in primary grades? In your school?
3. Are there some groups of children more at risk for developing Emotional Behavioral Disorders? Which groups?
4. Does your principal believe that Emotional Behavioral Disorders (EBD) is a problem in your school? Colleagues? Parents?

Resources/Support for Emotional Behavioral Disorders

5. Where would you find resources/support for a student in your class who was experiencing emotional/behavioral difficulties?
6. Do you have access to training/professional development that would help you identify and program for students with Emotional Behavioral Disorders (EBD)?

7. How can you access information that describes characteristics used to identify Emotional Behavioral Disorders (EBD) needs?

8. What assessments/resources do you find valuable in helping you to identify students with Emotional Behavioral Disorders (EBD) issues?

Responsibility

9. Where does the responsibility lie in helping students with Emotional Behavioral Disorders (EBD)? Please make comments indicating what each particular group should/may be responsible for.

- student
- parents
- teacher
- school

Emotional Behavioral Disorders (EBD) Interventions

10. From the time a teacher first notices that there is a problem with behavior in the classroom, how soon do interventions, extra supports come?

11. What sorts of supports have the greatest impact on effecting positive outcomes for Emotional Behavioral Disorders (EBD) students? Greatest impact on teacher practice?

12. What really works with Emotional Behavioral Disorders (EBD) students?

Future Outcomes

13. What would you like to see for future support for students with Emotional Behavioral Disorders (EBD) issues?

14. Alberta Education behavioral coding has been used to identify students with emotional and behavioral disorders. Districts are allotted funding to help support special needs programming and depending upon the coding given students may have access to certain programs and services. In your opinion, has coding students helped produce positive outcomes? Why? Why not?

Circle:

Gender - Male/ Female

Age – 22-25 yrs 26-30 yrs 31-40 yrs 41- 50yrs 51 -60yrs - 61+ yrs

Position – K, 1, 2, 3, 4, 5, 6 Teacher/ Special Needs Teacher/ Administrator

Number of Years Teaching 0-2 yrs 3-5 yrs 6-10 yrs 10+ yrs 20+ yrs

Number of Years in the same position _____

Number of Years in the same school_____

School student population _____

Appendix C

Interview Questions

1. What behavioral and emotional issues do you most frequently have to deal with within your classroom or school?

2. What behaviors in class do you find the most difficult to support and be effective with?

3. How tolerant of such behaviors are teachers?

4. Do you and other teachers have a term or phrase you use to describe children who exhibit such behaviors? What is it?

5. Thinking of primary school children, what does the term "at risk" mean to you?

6. When you hear the term, "students who has emotional and behavioral disorders" (EBD) or is a "behavior" student" what is your perception of that student?

7. In your opinion, what kind of challenges do EBD students (children with emotional and behavioral disorders) face?

8. Is there a process in place at your school to identify, and support children who are at risk for or may be developing symptoms of EBD?

9. In your opinion, is it important that students who are at risk for developing emotional and behavioral disorders are identified? Why or why not?

10. Are you aware of any formal assessments or screenings that could help you identify EBD students?

11. Would you use them? Why or why not?

12. Are assessments important? Why or why not?

13. What do codes or labels mean to you? Helpful? In what way?

14. What do you believe to be future outcomes for children who have emotional and behavioral disorders (EBD)?

15. When you have conversations with others about children who are "at risk" or who may have "emotional and behavioral disorders", is there a common theme or concern to the conversations?

    Prompt: Support, Inability to deal with the child, Achievement level, Responsibility, budget restraints

16. What are the biggest barriers that are facing teachers in being effective in dealing with EBD children?

17. Do you feel that you have the knowledge and the skills to help students who have EBD?

18. How did you attain your knowledge and skills?
    Prompt: experience, own initiative, school initiative,

19. Have you had any training/professional development that has helped you become more effective with EBD children?

20. In terms of support, what has helped you the most? Prompt: Professional Development, Early Identification, Colleagues, Assessments

21. If you were to recommend anything that would help teachers to become more effective with EBD students, what would it be?

22. What has not been addressed that you think is important to note in regards to helping children with EBD? Any questions that you have?

Circle:

Gender - Male/ Female

Age – 22-25 yrs 26-30 yrs 31-40 yrs 41- 50yrs 51 -60yrs 61+ yrs

Position – K, 1, 2, 3, 4, 5, 6 Teacher/ Special Needs Teacher/ Administrator

Number of Years Teaching 0-2 yrs 3-5 yrs 6-10 yrs 10+ yrs 20+ yrs

Number of Years in the same position _____

Number of Years in the same school_____

School student population _____